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CONFIRMATION NO. 7214

<b>SERIAL NUMBER</b> 10/760,142	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 4002-3469
<b>APPLICANTS</b> Henry Graf; Lyon, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/FR02/02593 07/19/2002 <i>SH</i>				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 01 09773 07/20/2001 <i>SH</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/23/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>SH</i> Examiner's Signature <i>SH</i> Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 7  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 30565				
<b>TITLE</b> Intervertebral linking device				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	